

Lyon County School District  
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\*\* Long-term fee applies after one year's use of District facilities on a regular and recurring basis. The rate may not be avoided by changing sites.

### LYON COUNTY SCHOOL DISTRICT APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES

NV DIV. OF ENV. PROT.	901 S. STEWART ST.	CARSON CITY, NV	775-687-9484
(Name of organization)	(Address)	(City/State/Zip)	(Phone)

JERYL GARDNER	"	"	"
(Name of Person in Charge)	(Address)	(City/State/Zip)	(Phone)

Date(s) of requested use: 12/12/16 Day(s) of week: MONDAY

Set up time: from 5 am/pm to 6 am/pm Function time: from 6 am/pm to 8 am/pm

Nature/purpose of use: PUBLIC MEETING / HEARING FOR ANACONDA COPPER MINE

Anticipated attendance 60 Number of adults 60 Number 18 and under     

Will there be an admission charge, collection or funds solicited? ☐ yes ☒ no

If yes, state amount: Adults      Children     

For what purpose will proceeds be used?     

Insurance company and agent (school groups exempt) STATE AGENCY

(a certificate of property damage and liability insurance for at least \$100,00/\$100,00/\$300,00 must be provided prior to approval)

AGREEMENT: The applicant hereby makes application for use of the school facility(ies) described above, and certifies that the information given is correct. The applicant will observe all rules and regulations of the Board of Trustees and has read the Administrative Regulation "Community Use of Facilities". The applicant agrees to exercise the utmost care in the use of the school premises and property and to hold the Lyon County School District harmless from all liability resulting from use of said facilities. The applicant further agrees to reimburse the School District for any damages arising from the applicant's usage.

NDEP	901 S. STEWART ST.	CARSON CITY, NV	775-687-9484
(Name of organization)	(Address)	(City/State/Zip)	(Phone)

Signature of applicant

date

#### FOR OFFICIAL USE ONLY

Certificate of insurance received? ☐ yes ☐ no

FEES		Comments:
Facility Rent	\$	
Personnel	\$	
Kitchen/Life Skills Utilities	\$	
Equipment	\$	
Total Fees	\$	

Approved by:

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\_\_\_\_\_  
Administrator's Signature

Date: \_\_\_\_\_

### DETAILED FACILITY REQUEST FORM

	First Room	Second Room	Third Room
Room preference (i.e. Classroom, multipurpose room, gym)	MULTI PURPOSE	Gym	
Anticipated attendance	60		
Responsible person	JERYL GARDNER		
Stacking chairs	60		
Student desks	—		
Tables	FOR 60		
VCR/TV	—		
Overhead	YES		
Screen	YES		
Basketball hoops up or down (gym only)	—		
Cafeteria tables (MP room only)	(SAME AS FOR TABLES)		
Flags	—		
Podium	—		
P.A. system	YES		
Trash cans	YES		
Power extension cords	YES		
Other:	YES		

Additional comments: \_\_\_\_\_

*Items listed may or may not be available for public use and are subject to additional use fees.*

**For official use only:**

Room assigned			
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